

Instructions for Completing the Servicing Providers and Locum Tenens Form

Each agency or group practice must complete one form for each servicing provider for whose services they bill. Make as many copies as you need. Each employee must be licensed.

1. Application to: Must check one box. If terminating provider, write date of termination.

Enrolling as: Must check one box:

- Servicing providers are employed by an agency or group practice. The agency or group practice bills MaineCare for services provided by the servicing provider.
- Locum Tenens are licensed physicians who fill in for MaineCare servicing providers in an agency or group practice.

Servicing/Locum Tenens Provider Information: Must complete all fields

- First Name
- Last Name
- SSN
- DEA# (If not applicable, write NA)
- License Number
- License Effective Date
- License Expiration Date
- Hire and End Dates: First and last date on which the servicing Provider/Locum Tenens can perform services. In no case will the effective enrollment date be earlier than the date of licensure, or the effective date of the service contract agreement, if required by another chapter of this manual; (b) Section 1.03-1 (E).

Specialty/Subspecialty: 3-digit code that identifies specific services to be provided by the servicing Provider/Locum Tenens (see attached list for codes). Only physicians (Specialty 006) can list sub-specialties as a servicing provider.

For a list of physician sub-specialties, see 13: Sub-Specialty Codes for Physicians.

For all other servicing provider types, see 14. Servicing Provider Specialty Codes. Those providers listed in *italics* can only be servicing providers.

MaineCare Billing Provider Information

- Billing Provider name
- MaineCare Billing Provider ID (if more space is needed, make as many copies of the form as you need).

Do you plan to provide, or are you currently providing the following services? Must be answered by physicians, physician's assistants and nurse practitioners. All others write N/A.

PT (Provider Type) 20 (Specialties 006 Physicians, 060 Nurse Practitioners and 108 Physician's Assistants) and PT 26 (Specialties 063 FQHC, 043 RHC) must answer a, b and c.

Provider Type 26 (subspecialty 025 Family Planning) must answer a and b.

- a) Check "Yes" if you currently provide or plan to provide preventive services to adults age 21 and over. Complete form 14 *PHPOT Supplemental Provider Agreement Form*. Contact the Provider Relations Unit at 1-800-321-5557 for additional information concerning these services.
- b) Check "Yes" if you currently provide or plan to provide PHPOT (Prevention, Health Promotion and Optional Treatment) services to children under the age of 21. Complete form 14 *PHPOT Supplemental Provider Agreement Form*. Contact the Provider Relations Unit at 1-800-321-5557 for additional information concerning these services.
- c) Check "Yes" if you currently provide or are planning to provide MaineCare managed care primary care services. Complete the *MaineCare Managed Care Rider* and the managed care forms. Call 1-866-796-2463 for additional information concerning this program and forms. Only physicians, physician's assistants and nurse practitioners can provide managed care primary care.

Legal information

Please read carefully and answer yes or no for each question. If you answer "yes" to any of these questions for any of the servicing providers, please attach an explanation.

The individual answering the legal questions must sign and date the form.



Department of Health & Human Services
Office of MaineCare Services
Provider Enrollment Unit
11 State House Station
Augusta, ME 04333-0011
1-800-321-5557 Option 6

Servicing Provider or Locum Tenens Form

Each agency or group practice must complete one form for each servicing provider for whose services they bill. Make as many copies as you need. Each employee must be licensed.

1. **Application to:** ☐ Add provider ☐ Terminate provider ☐ Update information

If terminating provider, date of termination: _____

2. **Enrolling as:** ☐ Servicing provider ☐ Locum Tenens

3. **Servicing provider/locum tenens information:**

First Name: _____ Last Name: _____

SSN: _____ DEA #: _____ License Number: _____

License Effective Date: _____ Expiration Date: _____

Hire Date: _____ End date: _____

4. **Specialty/subspecialty information. Only Provider Type 006 can list a sub-specialty.**

	Code	Begin date	End date		Code	Begin date	End date
Specialty 1	_____	_____	_____	Specialty 2	_____	_____	_____
Subspecialty 1	_____	_____	_____	subspecialty 1	_____	_____	_____
subspecialty 2	_____	_____	_____	subspecialty 2	_____	_____	_____
subspecialty 3	_____	_____	_____	subspecialty 3	_____	_____	_____

5. **MaineCare Billing Provider information:**

Billing Provider name: _____ Phone: _____

Billing Provider ID #: _____ Billing Provider ID #: _____

Billing Provider ID #: _____ Billing Provider ID #: _____

6. **Does the servicing provider/locum tenens plan to provide, or is he or she currently providing, the following services (certain providers only-see instructions):**

a. Prevention services for Adults (age 21 and over) Yes ☐ No ☐ NA ☐

b. Prevention, Health Promotion, and Optional Treatment Services for members under 21 (formerly EPSDT)
Yes ☐ No ☐ NA ☐

c. MaineCare managed care primary care provider services Yes ☐ No ☐ NA ☐

7. Legal Information

If you answer "yes" to any of these questions, please attach explanation on separate piece of paper.

- Have any owners or employees ever had an Assessment taken against you? Yes ☐ ...No ☐
- Have any owners or employees ever had an Administrative Sanction taken against you? Yes ☐ ...No ☐
- Have any owners or employees ever had a Suspension of Payment taken against you? Yes ☐ ...No ☐
- Have any owners or employees ever had a Restitution order taken against you? Yes ☐ ...No ☐
- Have any owners or employees ever had a Program Exclusion taken against you? Yes ☐ ...No ☐
- Have any owners or employees ever had a Program Debarment taken against you? Yes ☐ ...No ☐
- Have any owners or employees ever had a Pending Criminal Judgment taken against you? Yes ☐ ...No ☐
- Have any owners or employees ever had a Pending Civil Judgment taken against you? Yes ☐ ...No ☐
- Have any owners or employees ever had a Judgment Pending Under False Claims Act taken against you? Yes ☐ ...No ☐
- Have any owners or employees ever had a Criminal Fine taken against you? Yes ☐ ...No ☐
- Have any owners or employees ever had a Civil Monetary Penalty taken against you? Yes ☐ ...No ☐
- Have any owners or employees ever been convicted of any health related crimes? Yes ☐ ...No ☐
- Have any owners or employees ever been convicted of a crime involving the abuse of a child or an elderly adult? Yes ☐ ...No ☐
- Do any owners or employees have ownership interest in any entity that provides services to a MaineCare provider/supplier?
..... Yes ☐ ...No ☐

I certify that the information contained herein is true, correct, and complete. If I become aware that any information in this form is not true, correct or complete, I agree to notify the MaineCare Provider Enrollment Unit of this fact immediately.

I authorize the MaineCare Provider Enrollment Unit to verify the information contained herein. I understand that a change in the incorporation of my organization or my status as an individual or group biller may require a new application.

Signature

Date

Sub-Specialty Codes for Servicing Provider 006 Physician

109 General Practice	156 Urology
110 Family Practice	320 Asthma
111 Anesthesiology	326 Diabetes
112 OB/GYN	
113 Psychiatry	
114 Preventive Medicine	
115 Pediatric Medicine	
116 Nuclear Medicine	
117 Geriatric Medicine	
118 Infectious Disease	
119 Addiction Medicine	
120 Cardiology	
121 Cardiac Surgery	
122 Critical Care (Intensivists)	
123 Neurology	
124 Neurosurgery	
125 Allergy/Immunology	
126 Dermatology	
127 Emergency Medicine	
128 Endocrinology	
129 Pathology	
130 Gastroenterology	
131 Hematology	
132 Internal Medicine	
133 Nephrology	
134 Hematology/Oncology	
135 Medical Oncology	
136 Surgical Oncology	
137 Radiation Oncology	
138 Ophthalmology	
139 Orthopedic Surgery	
140 Osteopathic Manipulative Therapy	
141 Otolaryngology	
142 Physical Medicine & Rehabilitation	
143 Pulmonary Disease	
144 Diagnostic Radiology	
145 Interventional Radiology	
146 Rheumatology	
147 General Surgery	
148 Plastic & Reconstructive Surgery	
149 Colorectal Surgery	
150 Thoracic Surgery	
151 Vascular Surgery	
152 Peripheral Vascular Surgery	
153 Neuropsychiatry	
154 Maxillofacial Surgery	
155 Hand Surgery	

Specialty Code	Specialty Description	
046	Audiologist	
344	<i>CCNS Addiction Certified</i>	<i>Servicing Only</i>
197	Certified Clinical Nurse Specialist (CCNS)	
196	Certified Nurse Anesthetist	
167	<i>Certified Rehab Counselor</i>	<i>Servicing Only</i>
032	Chiropractor	
104	<i>Dental Hygienist</i>	<i>Servicing Only</i>
009	Dentist	
105	Denturist	
200	<i>Family Planning Nurse</i>	<i>Servicing Only</i>
173	<i>Family Planning Specialist</i>	<i>Servicing Only</i>
168	Independent Behavioral Specialist I	
315	Independent Behavioral Specialist II	
342	<i>LADC-Addiction Certified</i>	<i>Servicing Only</i>
162	<i>LADC-Licensed Alcohol & Drug Counselor</i>	<i>Servicing Only</i>
345	LCPC-Addiction Certified	
013	LCPC-Licensed Clinical Professional Counselor	
340	LCSW-Addiction Certified	
160	LCSW-Licensed Clinical Social Worker	
172	<i>Licensed Dietician</i>	<i>Servicing Only</i>
348	<i>LMSW-Addiction Certified</i>	<i>Servicing Only</i>
163	<i>LMSW-Licensed Master Social Worker</i>	<i>Servicing Only</i>
101	Locum Tenens	
346	<i>LPC-Addiction Certified</i>	<i>Servicing Only</i>
164	<i>LPC-Licensed Professional Counselor</i>	<i>Servicing Only</i>
199	<i>LPN-Licensed Practical Nurse</i>	<i>Servicing Only</i>
343	<i>LSW-Addiction Certified</i>	<i>Servicing Only</i>
165	<i>LSW-Licensed Social Worker</i>	<i>Servicing Only</i>
203	<i>Master RN</i>	<i>Servicing Only</i>
166	<i>MSW-Master Social Worker</i>	<i>Servicing Only</i>
053	Nurse Midwife	
060	Nurse Practitioner	
033	Occupational Therapist	
170	<i>Occupational Therapist Assistant</i>	<i>Servicing Only</i>
042	Optician	
037	Optometrist	
031	Physical Therapist	
171	<i>Physical Therapist Assistant</i>	<i>Servicing Only</i>
337	Physician-Addiction Certified	
108	<i>Physician's Assistant</i>	<i>Servicing Only</i>
Specialty Code	Specialty Description	

007	Podiatrist	
161	Psych Examiner	
202	<i>Psych Nurse</i>	<i>Servicing Only</i>
341	<i>Psych Nurse-Addiction Certified</i>	<i>Servicing Only</i>
339	Psychiatrist-Addiction Certified	
038	Psychologist	
174	Psychologist-Addiction Certified	
198	<i>Registered Nurse</i>	<i>Servicing Only</i>
201	<i>Registered Nurse Certified (RNC)</i>	<i>Servicing Only</i>
217	<i>Registered Nurse First Assistant-(RNFA)</i>	<i>Servicing Only</i>
047	Speech Language Pathologist	
159	<i>Speech Language Pathologist-Assistant</i>	<i>Servicing Only</i>